

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Torsten Brandenburger and Ismael Rahimy

Application No.: 10/575,690

Group: 3761

371(c) File Date: August 23, 2006

Examiner: Leslie R. Deak

Confirmation No.: 3600

For: CONNECTOR FOR MEDICAL LIQUID-CONTAINING PACKAGES AND
MEDICAL LIQUID-CONTAINING PACKAGES

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
_____ Date	_____ Signature
_____ Typed or printed name of person signing certificate	

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	16	MINUS	* 20	0	X \$ 26	\$		X \$ 52	\$	
INDEP	1	MINUS	** 3	0	X \$ 110	\$		X \$ 220	\$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$ 195	\$	+	\$ 390	\$
					TOTAL = \$ 0			TOTAL = \$ 0		

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$135	\$[]	X \$270	\$[]	

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ *[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Request for Continued Examination (RCE)	\$	810
		\$	_____
		\$	_____
	TOTAL:	\$	810

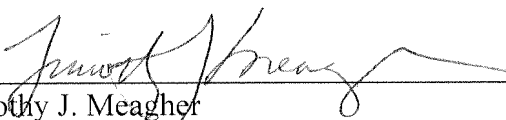
A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
		\$	_____
	TOTAL:	\$	_____

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
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Dated: 1/7/10